



# CITY OF KNOXVILLE APPLICATION PLANS REVIEW

400 W. Main Street, Suite 505, Knoxville, TN 37902 - (865)-215-2999/(865)-215-2627

<b>LOCATION</b>	Street Address _____	<b>OWNER</b>	Name _____
	Ward/Block/Lot _____		Street Address _____
	Subdivision/Shopping Ctr. _____		City, State, Zip _____
	CLT _____ Zoning _____		Area Code/Telephone Number _____
<b>CONTRACTOR</b>	Name _____	<b>ARCHITECT/ ENGINEER</b>	Name _____
	Street Address _____		Street Address _____
	City, State, Zip _____		City, State, Zip _____
	Area Code/Telephone Number _____		Area Code/Telephone Number _____
	License No. _____ Exp. Date _____		License No. _____ Exp. Date _____
<b>APPLICANT/ CONTACT</b>	Name _____	<b>TENANT</b>	Name _____
	Street Address _____		Street Address _____
	City, State, Zip _____		City, State, Zip _____
	Area Code/Telephone Number _____		Area Code/Telephone Number _____

Would you like to submit for Knox Plans (Electronic) Review? ☐ YES ☐ NO

If Yes, please include your email address: \_\_\_\_\_

Please check the City of Knoxville's Website for Submission Standards at [www.knoxvilletn.gov/knoxplans](http://www.knoxvilletn.gov/knoxplans)

DESCRIBE THE PROPOSED WORK:

Site Work Proposed? ☐ YES ☐ NO

Site Plans Submitted? ☐ YES ☐ NO

EST. CONSTRUCTION COST \$ \_\_\_\_\_

TYPE OF CONSTRUCTION		TYPE OF PERMIT	
<input type="checkbox"/> I	<input type="checkbox"/> Protected	<input type="checkbox"/> New One and Two Family	<input type="checkbox"/> Tent
<input type="checkbox"/> II	<input type="checkbox"/> Unprotected	<input type="checkbox"/> New Multi-Family	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> III	<input type="checkbox"/> Sprinkled	<input type="checkbox"/> Residential Addition	<input type="checkbox"/> Demolition
<input type="checkbox"/> IV	<input type="checkbox"/> Un-sprinkled	<input type="checkbox"/> Residential Remodel	<input type="checkbox"/> Moving
<input type="checkbox"/> V		<input type="checkbox"/> Residential Accessory Structure	<input type="checkbox"/> New Commercial
			<input type="checkbox"/> Commercial Addition
			<input type="checkbox"/> Commercial Alteration
			(No Site Work)

Is Disc included for New Commercial & Commercial Additions? Y / N

# Buildings \_\_\_\_\_  
# Employees \_\_\_\_\_  
# Fixed Seats \_\_\_\_\_

Lot Dimensions \_\_\_\_\_  
Located On State Route? Yes \_\_\_\_\_ No \_\_\_\_\_  
Public Owned? Yes \_\_\_\_\_ No \_\_\_\_\_

The applicant of this permit does hereby covenant and agree to comply with the ordinances of this jurisdiction pertaining to said building and site, and to construct the proposed building or structure or to make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statement given on this application, drawings, and specifications are to be the best of their knowledge, true and correct. It is understood and agreed by the applicant that any error, misstatement, or misrepresentation of fact, either with or without intention on his part, such as might, if known cause a refusal of this application or any alteration or change in plans made without approval of the Building Inspector subsequent to the issuance of the building permit, shall constitute sufficient grounds for revocation of such permit.

**THIS APPLICATION EXPIRES 6 MONTHS FROM DATE OF SUBMITTAL**

**FOUR (4) SETS OF SITE PLANS AND BUILDING PLANS (EXCEPT FOR SINGLE FAMILY RESIDENCE AND DUPLEXES) MUST ACCOMPANY ALL APPLICATIONS**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_